

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 14 1963

3006

16

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN New Florence	
c. FULL NAME OF (If NOT in hospital, give location) University of Mo. Medical C.		d. STREET ADDRESS (If outside, give location) Rt# 2	
3. NAME OF DECEASED (Type or print) First Arvet Middle Carl Last Stuecken		4. DATE OF DEATH Month 1 Day 8 Year 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-14-01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Montgomery County, Mo	
13a. FATHER'S NAME William Stuecken		13b. MOTHER'S MAIDEN NAME Emma Koch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Zelma Stuecken	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ASYSTOLE DUE TO (b) ANOXIA, GENERALIZED. DUE TO (c) SEVERE PULMONARY EMPHYSEMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ABULLOUS EMPHYSEMA, SEVERE MYOCARDIAL INFARCTION PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 1-2 DAYS 8-10 YRS.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:50 AM Month, Day, Year 1-2-63		20f. CITY, TOWN, OR LOCATION New Florence, Mo	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 1-2-63 to 1-8-63 and last saw her alive on 1-8-63 Death occurred at 12:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS M.U. Medical Center	
22a. SIGNATURE (Name or title) John M. Laird, Jr. MD		22c. DATE SIGNED 1-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 1-10-63	
23c. NAME OF CEMETERY OR CREMATORY St James Cemetery		23d. LOCATION (City, town, or county) (State) Boone, Mo	
24. FUNERAL DIRECTOR D B Baker		25. DATE RECD. BY LOCAL REG. Jan. 8 1963	
26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

D B Baker

Licensed Embalmer No.

3371

P. O. Address

New Flamer mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.